

2-15-01

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PTO/SB/05 (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	Copy-60
	First Inventor	DiSanto et al.
	Title	METHOD AND SYSTEM FOR SECURELY EXCHANGING
	Express Mail Label No.	EL737007099US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 19] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8] 5. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies

<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Express Mail Certificate; 2 checks	<input checked="" type="checkbox"/> Power of Attorney <input checked="" type="checkbox"/> Copies of IDS Citations

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number or Bar Code Label			<input checked="" type="checkbox"/> Correspondence address below		
(Insert Customer No. or Attach bar code label here)					
Name	Arthur L. Plevy BUCHANAN INGERSOLL				
Address	650 College Road East				
City	Princeton	State	New Jersey	Zip Code	08540
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Name (Print/Type)	Arthur L. Plevy	Registration No. (Attorney/Agent)	24,277
Signature		Date	February 14, 2001

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$467.00

## Complete if Known

Application Number	Herewith
Filing Date	Herewith
First Named Inventor	DiSanto et al.
Examiner Name	TBA
Group Art Unit	TBA
Attorney Docket No.	Copy-60



## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-1057**  
Deposit Account Name

- ☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17  
☒ Applicant claims small entity status. See 37 CFR § 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		101	710	201	355	Utility filing fee	355.00
		106	320	206	160	Design filing fee	
		107	490	207	245	Plant filing fee	
		108	710	208	355	Reissue filing fee	
		114	150	214	75	Provisional filing fee	
SUBTOTAL (1)							\$355.00

### 2. EXTRA CLAIM FEES

Extra Claims		Fee from below	Fee Paid
Total Claims	28 - 20** = 8	8 X 9.00 =	72.00
Independent Claims	3 - 3** = 0	0 X =	0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		103	18	203	9	Claims in excess of 20	
		102	80	202	40	Independent claims in excess of 3	
		104	270	204	135	Multiple dependent claim, if not paid	
		109	80	209	40	** Reissue independent claims over original patent	
		110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$72.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		105	130	205	65	Surcharge - late filing fee or oath	
		127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
		139	130	139	130	Non - English specification	
		147	2,520	147	2,520	For filing a request for ex parte reexamination	
		112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
		115	110	215	55	Extension for reply within first month	
		116	390	216	195	Extension for reply within second month	
		117	890	217	445	Extension for reply within third month	
		118	1,390	218	695	Extension for reply within fourth month	
		128	1,890	228	945	Extension for reply within fifth month	
		119	310	219	155	Notice of Appeal	
		120	310	220	155	Filing a brief in support of an appeal	
		121	270	221	135	Request for oral hearing	
		138	1,510	138	1,510	Petition to institute a public use proceeding	
		140	110	240	55	Petition to revive - unavoidable	
		141	1,240	241	620	Petition to revive - unintentional	
		142	1,240	242	620	Utility issue fee (or reissue)	
		143	440	243	220	Design issue fee	
		144	600	244	300	Plant issue fee	
		122	130	122	130	Petitions to the Commissioner	
		123	50	123	50	Processing fee under 37 CFR § 1.17(q)	
		126	180	126	180	Submission of Information Disclosure Statement	
		581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
		146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
		149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
		179	710	279	355	Request for Continued Examination (RCE)	
		169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$40.00

## SUBMITTED BY

Name (Print/Type)	Arthur L. Plevy	Registration No. (Attorney/Agent)	24,277	Telephone	609-987-6880
Signature		Date	February 14, 2001		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.